

REGISTRATION FORM

Note: One registrant per form. Photocopies may be used.

Bar Number: _____

Name: _____

Firm: _____

Firm Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

(Required for email confirmation)

Program package includes 2.0 hours of MCLE credit and program materials.

PRE-REGISTRATION FEES (check the appropriate circle)

- ☐ **\$65** Labor and Employment Law Section Members
- ☐ **\$95** Non-Section Members (includes enrollment in the Labor and Employment Law Section for 2009)

AMOUNT ENCLOSED OR TO BE CHARGED \$ _____

CREDIT CARD INFORMATION (VISA/MasterCard Only)

I authorize the State Bar of California to charge my program registration to my VISA/MasterCard account. (No other credit card will be accepted.)

Account Number: _____

(Visa or MasterCard only)

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Deadline: In order to pre-register, your form and check, payable to the State Bar of California, or credit card information, must be received by February 4, 2009.

Register Online: www.calbar.ca.gov/laborlaw

Mail To: Program Registrations, State Bar of California,
180 Howard Street, San Francisco, CA 94105.

Fax To: Program Registration at 415-538-2368. In order to fax your registration, credit card information is MANDATORY.
(Photocopies of checks will NOT be accepted.)